

## MEALS &amp; RENTALS TAX RETURN

FOR DRA USE ONLY

STOP

MAKE SUFFICIENT COPIES FOR ALL YOUR FILING PERIODS BEFORE FILLING OUT THIS FORM.

BUSINESS NAME \_\_\_\_\_

License Number

Tax Period

Due Date

Amended  
Return ☐

## IF THIS IS YOUR FINAL RETURN, PLEASE GIVE REASON:

☐ ① Business Discontinued
 ☐ ② Change in Organization
 ☐ ③ Business Sold
 Last Day of Business \_\_\_\_\_

## RECEIPTS FROM MEALS AND BEVERAGES

1	Tax Excluded Receipts.....	1		
2	Meals Tax at 8% (Multiply line 1 by .08).....	2		
3	Tax Included Receipts.....	3		
4	Meals Tax at 7.41% (Multiply line 3 by .0741).....	4		
5	<b>Total Meals Tax</b> (Line 2 plus line 4).....	5		

## RECEIPTS FROM RENTALS

6	Room Rental Receipts.....	6		
7	Permanent Resident Receipts.....	7		
8	Taxable Room Rental Receipts (Line 6 minus line 7).....	8		
9	<b>Total Room Rental Tax</b> (Multiply line 8 by .08 or .0741. Circle rate used).....	9		
10	Motor Vehicle Rental Receipts.....	10		
11	<b>Total Motor Vehicle Rental Tax</b> (Multiply line 10 by .08 or .0741. Circle rate used).....	11		
12	<b>Total Tax</b> ( Line 5, plus line 9 plus line 11).....	12		

## ADDITIONS AND DEDUCTIONS

13	Commission (Line 12 multiplied by .03. See 3% commission requirement on page 10).....	13		
14	Advance Payment or Credit Memo.....	14		
15	<b>Total Deductions</b> (Line 13 plus line 14).....	15		
16	Interest (See instructions).....	16		
17	Penalty for Failure to Pay (See instructions).....	17		
18	Penalty for Failure to File (See instructions).....	18		
19	<b>Total Additions</b> (Sum of lines 16, 17 & 18).....	19		
20	<b>Total Due</b> (Line 12 minus line 15, plus line 19) Make check payable to State of New Hampshire.....	20		
21	<b>Tax Exempt Meals &amp; Rentals Receipts</b> (See instructions).....	21		

Enclose, but do not staple or tape, your payment with the return.

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Under penalties of perjury, I declare that I have examined this form and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

SIGNATURE (IN INK) (Failure to sign may result in the assessment of penalties.)

PREPARER OTHER THAN TAXPAYER

DATE

TELEPHONE NUMBER

DATE

PREPARER'S TAX IDENTIFICATION NUMBER

 MAIL  
 TO: NH DEPT OF REVENUE ADMINISTRATION  
 DOCUMENT PROCESSING DIVISION  
 PO BOX 2035  
 CONCORD NH 03302-2035

PREPARER'S ADDRESS

CITY/TOWN, STATE, ZIP CODE